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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	08/768,606
		Filing Date	December 18, 1996
		First Named Inventor	Andrew T. Busey
		Art Unit	2172
		Examiner Name	Alford W. Kindred
Total Number of Pages in This Submission	32	Attorney Docket Number	4068P002X

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Return Receipt Postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael J. Mallie, Reg. No. 36,591 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 24, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Ines Francetic		
Signature		Date	January 24, 2005

<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> <small>Agent fees are subject to annual revision.</small>		<b>Complete if Known</b>													
<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block; transform: rotate(-45deg); transform-origin: center;">             PATENT              OFFICE           </div> <div style="margin-top: 10px;"> <b>JAN 28 2005</b> </div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>08/768,606</td></tr> <tr><td>Filing Date</td><td>December 18, 1996</td></tr> <tr><td>First Named Inventor</td><td>Andrew T. Busey</td></tr> <tr><td>Examiner Name</td><td>Alford W. Kindred</td></tr> <tr><td>Art Unit</td><td>2172</td></tr> <tr><td>Attorney Docket No.</td><td>4068P002X</td></tr> </table>		Application Number	08/768,606	Filing Date	December 18, 1996	First Named Inventor	Andrew T. Busey	Examiner Name	Alford W. Kindred	Art Unit	2172	Attorney Docket No.	4068P002X
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Attorney Docket No.	4068P002X														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>TOTAL AMOUNT OF PAYMENT</b></td> <td style="width: 10%;">(\$)</td> <td style="width: 60%;">620.00</td> </tr> </table>		<b>TOTAL AMOUNT OF PAYMENT</b>	(\$)	620.00									
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<b>METHOD OF PAYMENT</b> <i>(check all that apply)</i>	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account           Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input checked="" type="checkbox"/> Credit any overpayments	
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	

<b>FEE CALCULATION</b>					
<b>Large Entity</b>		<b>Small Entity</b>		<b>Fee Description</b>	<b>Fee Paid</b>
Fee Code	Fee (\$) <small>(Large Entity)</small>	Fee Code	Fee (\$) <small>(Small Entity)</small>	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	120.00
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	500.00
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____					
<b>SUBTOTAL (2)</b>					(\$) <b>620.00</b>

<b>SUBMITTED BY</b>			<b>Complete (if applicable)</b>	
Name (Print/Type) <b>Michael J. Mallie</b>	Registration No. <small>(Attorney/Agent)</small> <b>36,591</b>	Telephone <b>(408) 720-8300</b>		
Signature	Date <b>01/24/05</b>			